

| | | | |
|---|---|------------------------------|------------------------------|
| Part H, Division VI Mental Health Crisis Intervention Services | Section I General Information | Issued 05/98 | Page 6H1-001 |
|---|---|------------------------------|------------------------------|

A. Type of Handbook

Part H, Division VI, is the provider-specific Medicaid handbook for mental health crisis intervention (hereafter referred to as “crisis intervention”) services. Refer to Section II of this handbook for a definition of crisis intervention services. Part H, Division VI, includes information for providers on provider eligibility criteria, recipient eligibility, covered services, payment methods, and billing instructions. Use this handbook in conjunction with Part A, the all-provider handbook, which includes general policy guidelines, regulations, and billing information applicable to all types of certified providers. Refer to the Provider Section of the Wisconsin Medicaid Managed Care Guide for general policy and regulation information for AFDC/Healthy Start recipients enrolled in a Medicaid Health Maintenance Organization (HMO).

B. Provider Information

Separate Provider Certification Required

Wisconsin Medicaid may pay only county or tribal agencies to provide crisis intervention services as stated in Section 49.45 (41), Wis. Stats. County or tribal agencies, or the agencies the county or tribal agencies contract with to actually provide crisis intervention services, must be certified under HFS 34, Subchapter 3, Wis. Admin. Code.

Wisconsin Medicaid requires the county or tribal agency, and all agencies the county or tribal agency contracts with to provide crisis intervention services, to have separate Medicaid crisis intervention certification. Crisis intervention providers may not use provider certification numbers used for other services, such as community support program (CSP) services, to bill Wisconsin Medicaid for crisis intervention services.

Information for County/Tribal Agencies

To receive Medicaid reimbursement for crisis intervention services, county or tribal agencies must obtain Medicaid certification for billing purposes, even if the county or tribal agency is not a direct provider of crisis intervention services.

Upon Medicaid certification, the county or tribal agency will receive a Medicaid billing provider number. The Medicaid billing provider number indicates that the entity is Medicaid-certified and is responsible to ensure that all Medicaid requirements are met when services are provided. Wisconsin Medicaid sends all payments to the entity that has the Medicaid billing provider number.

Only the county or tribal agency may be the billing provider because the billing provider is responsible for providing the local matching funds for crisis intervention services. Wisconsin Medicaid will certify only one such matching funds agency per county but will certify multiple performing providers per county.

NOTE: Wisconsin Medicaid will certify two billing providers for one county if one is an allowable county agency and one is a tribal government agency.

Refer to the claim form instructions in Appendix 2 of this handbook for information about how to bill for crisis intervention services using the county or tribal agency’s Medicaid billing number.

| | | | |
|---|---|------------------------------|------------------------------|
| Part H, Division VI Mental Health Crisis Intervention Services | Section I General Information | Issued 05/98 | Page 6H1-002 |
|---|---|------------------------------|------------------------------|

B. Provider Information
(continued)

County or Tribal Agencies That Also Provide Services

County or tribal agencies that provide crisis intervention services must receive a Medicaid non-billing performing provider number in addition to a billing provider number. Wisconsin Medicaid uses this number to ensure that agencies performing crisis intervention services meet the standards under HFS 34, Wis. Admin. Code, and all Medicaid-covered service requirements.

Wisconsin Medicaid does *not* use the non-billing performing provider number to send Medicaid payments. Refer to the claim form instructions in Appendix 2 of this handbook for information about how to bill for crisis intervention services using the county or tribal agency's non-billing performing provider number.

Note: If you are initially Medicaid-certified as a crisis intervention billing provider only, and, at a later date, you are seeking certification as a non-billing performing provider, you must request a non-billing performing provider number from the Medicaid fiscal agent, EDS. Refer to Appendix 7 of this handbook for the Request for a Non-Billing Performing Provider Number form. The Medicaid non-billing performing provider number indicates that the entity is Medicaid-certified and HFS 34-certified.

Crisis Intervention Providers Contracting With County or Tribal Agencies

Crisis intervention providers contracting with a county or tribal agency receive only a non-billing performing provider number. Crisis intervention providers need approval from the county or tribal agency to obtain Medicaid certification and to bill Wisconsin Medicaid. Also, the crisis intervention provider must coordinate billing with the county or tribal agency.

Wisconsin Medicaid sends all payments to the county or tribal agency listed on the claim form. Refer to the claim form instructions in Appendix 2 of this handbook for information about billing for crisis intervention services as a crisis intervention provider who contracts with a county or tribal agency.

Individual staff do not require certification to provide crisis intervention services. However, clinical staff must meet requirements under HFS 34.21, Wis. Admin. Code.

Application for Certification

For information regarding certification under HFS 34, Wis. Admin. Code, contact:

Program Certification Unit
Bureau of Quality Assurance
Division of Supportive Living
P.O. Box 7851
Madison, WI 53707-7851

For information regarding Medicaid certification, contact:

Provider Maintenance
EDS
6406 Bridge Road
Madison, WI 53784-0006

| | | | |
|--|--------------------------------------|---------------------|---------------------|
| Part H, Division VI Mental Health Crisis Intervention Services | Section I General Information | Issued 05/98 | Page 6H1-003 |
|--|--------------------------------------|---------------------|---------------------|

B. Provider Information
(continued)

Scope of Service

The policies in Part H, Division VI, govern services provided within the standards defined in HFS 34, Wis. Admin. Code. Refer to Section II of this handbook for covered services and related limitations.

Payment Methods

Medicaid reimbursement is based on a fixed hourly rate. The federal share of this rate is the *hourly* amount the provider receives from Wisconsin Medicaid.

Wisconsin Medicaid has established interim uniform contracted rates for crisis intervention services. In 1998, Wisconsin Medicaid will develop crisis intervention cost reports for the community service deficit reduction benefit (CSDRB) to determine a county's actual cost to provide crisis intervention services. Counties certified as billing providers will receive a cost report to complete. This cost report will serve as the basis for determining the county's actual cost to provide crisis intervention services. Counties will be eligible to receive the federal share of their actual cost to provide crisis intervention services subject to applicable federal limits. Counties will need to certify that they have contributed the local share using public funds eligible for federal financial participation.

Refer to Appendix 5 of this handbook for clarification on matching fund requirements. Refer to Appendix 2 for billing instructions.

Provider Responsibilities

Refer to Section IV of Part A, the all-provider handbook, for provider responsibilities and for information about:

- Fair treatment of the recipient.
- Maintenance of records.
- Recipient requests for noncovered services.
- Services rendered to a recipient during periods of retroactive eligibility.
- Grounds for provider sanctions.
- Additional state and federal requirements.

C. Recipient Information

Verifying Recipient Eligibility

Eligible Medicaid recipients receive identification cards monthly that are valid through the end of the month issued. The identification cards include the recipient's name, date of birth, 10-digit identification number, medical status code, and, when applicable, an indicator of health insurance, HMO, and Medicare coverage.

Note: Check the recipient's identification card *before* providing service to determine recipient eligibility and any limitations to the recipient's coverage.

Section V of Part A, the all-provider handbook, provides detailed information about eligibility for Wisconsin Medicaid, identification cards, temporary cards, restricted cards, and eligibility verification. Review Section V of Part A, the all-provider handbook, *before* providing services. A sample identification card is in Appendix 7 of Part A, the all-provider handbook.

| | | | |
|---|---|------------------------------|------------------------------|
| Part H, Division VI Mental Health Crisis Intervention Services | Section I General Information | Issued 05/98 | Page 6H1-004 |
|---|---|------------------------------|------------------------------|

**C. Recipient
Information**
(continued)

Copayment

Wisconsin Medicaid does not require copayment for crisis intervention services.

Recipients Enrolled In Managed Care Programs

Providers must check the recipient's current identification card for managed care program coverage before providing services. Recipients enrolled in a Medicaid-contracted managed care program receive a yellow identification card. This card has a six-character code in the "Other Coverage" column designating the recipient's managed care program. Refer to Chapter 4 of the Provider Section of the Wisconsin Medicaid Managed Care Guide for the HMO Medicaid ID codes.

For recipients enrolled in a Medicaid managed care program, the contract between the managed care program and certified provider establishes all conditions of payment and prior authorization for crisis intervention services.

Except for recipients enrolled in the Wraparound Milwaukee program, Wisconsin Medicaid denies claims submitted to the fiscal agent for crisis intervention services provided to a recipient enrolled in a Medicaid managed care program. Refer to next page of this handbook for more information on specialized managed care programs.

Refer to the Provider Section of the Wisconsin Medicaid Managed Care Guide for more information about managed care program noncovered services, emergency services, and hospitalizations.

Crisis Intervention and Medicaid Managed Care

AFDC/Healthy Start HMOs

All HMOs serving the AFDC population must have a Memorandum of Understanding (MOU) with each county's responsible human service department or board created under s. 51.42, Wis. Stats. in their service area. This MOU must address coordination of care for common clients. If the county is also a service provider, payment for service issues may be addressed through the MOU or a formal provider contract.

HMOs serving the AFDC population must reimburse non-HMO providers for emergency mental health or AODA treatment services if the time required to obtain such treatment at the HMO's facilities would have risked permanent damage to the enrollee's health or safety, or the health or safety of others.

When appropriate emergency treatment is provided by a non-HMO provider to an HMO enrollee, the non-HMO provider must notify the HMO within 72 hours of initiating services. The HMO is liable for the cost of the first 72 hours of care.

| | | | |
|---|---|------------------------------|------------------------------|
| Part H, Division VI Mental Health Crisis Intervention Services | Section I General Information | Issued 05/98 | Page 6H1-005 |
|---|---|------------------------------|------------------------------|

C. Recipient Information
(continued)

The HMO's liability for appropriate emergency treatment is the current Medicaid fee-for-service rate for such treatment. Upon notification within 72 hours, the HMO is responsible for payment of additional care only if given the opportunity to provide such care.

Specialized Managed Care Programs

Crisis intervention is separately reimbursable on a fee-for-service basis for the Wrap-around Milwaukee program only. Providers may identify Wraparound Milwaukee recipients by the code "MCPWAM" in the "Other Coverage" section of the Medicaid identification card, and the sentence, "Mental Health Services Only Thru WAM," listed above the recipient's name and address on the ID card. For all other specialized managed care programs, providers must seek reimbursement directly from the managed care program. Wisconsin Medicaid encourages crisis intervention providers to contact managed care providers in their area to discuss how to handle mental health crisis situations.

Crisis Intervention and Community Support Programs (CSP)

Wisconsin Medicaid covers crisis intervention services for individuals receiving Medicaid-funded CSP services when:

- The crisis intervention program has a formal arrangement with the CSP to provide crisis services to CSP enrollees.
- The crisis intervention services are delivered according to a crisis plan developed by the crisis intervention program and the CSP.
- The crisis intervention services do not duplicate CSP services.

NOTE: The crisis intervention program may not claim Medicaid reimbursement if reimbursement for the crisis intervention services is claimed through the CSP.